



APPLICATION FOR DUPLICATE LEAD LICENSE

State Form 50746 (1-02)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM – Office of Air Quality

Lead/Asbestos Section

100 N. Senate Avenue

P.O. Box 6015

Indianapolis, IN 46206-6015

Phone: (317) 233-3861 or

1-800-451-6027 (Indiana Residents Only)

<http://www.in.gov/idem/air/permits/>

NOTE:

- This form must be used to apply for a duplicate lead license pursuant to 326 IAC 23.
- No more than two (2) duplicate licenses will be issued to any one person in any calendar year.
- **Please type or print.**
- Return this completed form, and signed white signature cards to the address provided in the upper-right hand corner of this page.

PART A: GENERAL INFORMATION

1. Specify the discipline(s) for which you need a duplicate lead license(s):

- | | |
|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Inspector | <input type="checkbox"/> Project Supervisor |
| <input type="checkbox"/> Project Designer | <input type="checkbox"/> Worker |
| <input type="checkbox"/> Risk Assessor | <input type="checkbox"/> Contractor |

2. Applicant Name

Last

First

Middle Initial

3. Mailing address

Street

City

State

Zip code

4. Company name (if applicable):

5. Company phone #:

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6. Birthdate

Month Day Year

7. Sex

8. Height

9. Weight

10. Eye Color

11. Hair Color

12. Home phone #

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PART B: STATEMENT OF LOST OR STOLEN LICENSE

13. Please state the reason you are seeking a duplicate license. If you need more space than is available, please attach a second sheet to this application.

PART C: SIGNATURE

"I hereby certify that there are no misrepresentations in or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with requirements as outlined within federal, state, or local lead-related regulations may result in civil and/or criminal penalties."

SIGNATURE OF APPLICANT: _____ DATE SIGNED: ____/____/____